



County Borough of Burton upon Trent.

EDUCATION COMMITTEE.

**ANNUAL REPORT
UPON THE
SCHOOL MEDICAL SERVICE
FOR THE YEAR 1935,**

BY
**JAMES M. COWIE,
M.D., D.P.H.,**

SCHOOL MEDICAL OFFICER.



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Staff of the School Medical Service.

School Medical Officer :

JAMES M. COWIE, M.D., Ch.B., D.P.H.

Assistant School Medical Officers :

WILLIAM ALCOCK, M.B., Ch. B., B.Hy., D.P.H.
(Commenced February, 1935).

GEORGE F. BRAMLEY, M.D., Ch.B., D.P.H.
(Left January, 1935).

ISABEL TAYLOR, M.B., Ch. B., D.P.H., D.C.O.G.
(Commenced June, 1935).

Orthopaedic Surgeon :

J. H. MOIR, D.S.O., M.C., M.D., Ch.B., D.P.H.
(Part Time).

School Oculist :

EDWIN R. JAGGER, M.R.C.S., L.R.C.P., D.O.M.S.
(Part Time).

School Dentist :

MISS J. H. W. HEPBURN, L.D.S.

School Nurses :

MISS M. E. COLEMAN, Certified and Registered Nurse and
Certified Midwife.

MISS W. JAMES, Certified and Registered Nurse and Certified
Midwife.

School Dental Nurse :

MISS M. MOORE, Certified and Registered Nurse and Certified
Midwife.

Masseuse at Orthopaedic Clinic :

MISS M. J. W. ABBOTTS

Cert. Ch. Soc. of Massage and Medical Gymnastics and M.E.
(Part Time).

Clerk :

MISS G. BAKEWELL.

Annual Report of the School Medical Officer.

TO THE LOCAL EDUCATION AUTHORITY,
BURTON UPON TRENT.

I herewith present the Annual Report of the School Medical Service for the year 1935.

The report shows an analysis of the findings of Medical Inspection of school children and of the treatment given by the school medical service.

The general standard of the health of the school children is good, though a small, but definite number of children show evidence of varying degrees of malnutrition. There is no reason to think that malnutrition is increasing, and this subject has received much attention during the past few years. There is, in fact, a special enquiry being conducted in our schools at the present time, with a view to determining the effect of varying allowances of milk upon the nutrition of children.

The high incidence of Scarlet Fever and Diphtheria caused much concern during the year. Scarlet Fever was mild, with few serious complications and no deaths. There were, however, five deaths from Diphtheria, (2 of children under school age). That there were so many fatalities is to be deplored, especially as facilities now exist for conferring protection against this dangerous disease.

Diphtheria Immunisation has been available for all children in the Borough since December, 1934. The response, however, has not been as good as could be desired.

1. **Staff.** Dr. G. F. Bramley, Assistant School Medical Officer terminated his duties on January 31st, 1935, having been appointed Senior Assistant Medical Officer in the Birmingham Health Department.

Dr. W. Alcock assumed the duties of the Office on February 3rd, 1935.

Dr. Isabel Taylor whose work is principally in connection with the Maternity and Child Welfare Department also assists in the work of the School Medical Service. She commenced duties on June 1st, 1935.

2. **Co-ordination.** There have been no administrative changes in the School Medical Service during the year, and close co-ordination with the Health, Infant Welfare, Tuberculosis, Mental Deficiency, or other services exists as heretobefore.

The co-operation of the general practitioners, the Factory Surgeon, the staffs of the Institutions, and the Voluntary Associations has been very valuable, and I again wish to thank them for their assistance.

3. **School Hygiene.** The new school in Clarence Street is in course of erection and is urgently needed to relieve the over-crowding which exists in some of the schools, notably Uxbridge Street, Christ Church, and Horninglow Schools.

4. **Medical Inspection.** The age groups inspected during the year 1935 were those required by the Board of Education :—

1. Entrants—children admitted during the year.
2. Intermediates—children in their 9th year.
3. Leavers—children in their 13th year.

Also special cases referred for examination for some defect by their parents or teachers.

Reinspection of children found at a previous inspection to be defective was carried out each term.

The number of routine inspections in all groups was 2,299, a decrease in all groups, but chiefly in the "leavers." This will continue to be evident in the next few years due to the fall in the birth rate since the early years after the Great War.

In 1935 the average number of children on the school roll was 7,596 and the average number in attendance 6,804.

The School Nurses made 22,010 examinations during 11 visits to each school. These general inspections are made for detection of uncleanliness and skin diseases, for hygienic advice to scholars and teachers and the following up of the results of treatment and advice given by them and the School Medical Officers to parents.

There were 13 deaths amongst children of school age during 1935.

Cause of death.	Number.
Diphtheria	3
Heart Disease—Congenital	1
Infective Endocarditis	1
Acute Carditis	1
Chronic mitral disease	1
Appendicitis—General Peritonitis	1
Peritonitis—Primary pneumococcal	1
Diabetes	2
Broncho-pneumonia	1
Nephritis (Chronic interstitial)	1

5. Findings of Medical Inspection.

(a) **Malnutrition.** Following the recommendations of the Board of Education's Administrative Memorandum No. 124, dated December 31st, 1934, a new classification has been adopted in respect of all routine examinations made in 1935 in assessing the degree of nutrition of the children.

Four categories of Nutrition are described :—

- (a) Excellent, (b) normal, (c) slightly sub-normal (d) bad.

The Memorandum stresses again the importance of a clinical basis, and not one based on a height-weight-age ratio, in arriving at a nutritional assessment of a child.

The general well being of the child is the main issue upon which such assessment should be made, and this depends on a number of factors, general appearance, carriage, posture, muscular tone, condition of mucous membranes etc.

The alert, bright-eyed, cheerful child is usually well-nourished, whilst the apathetic, pasty complexioned child who stands badly is usually badly nourished.

On these lines, therefore, the nutritional state of the children has been assessed. The results are shewn in Table III. B at the back of the report and it will be seen that in roughly 17% the nutrition was excellent, in 72% it was normal, in 11% it was slightly sub-normal and in only .13% (3 cases only) was it really bad.

These figures, while affording no comparison with figures of past years, can be accepted as satisfactory, but one needs to bear in mind that a little over 10% of our school population falls below the desirable standard of normality.

(b) **Uncleanliness.** 551 Children were discovered to be in an unclean condition resulting in 645 exclusions during the year. It is satisfactory to note that the progressive decrease is being maintained (corresponding figures for 1931 were 960 cases producing 1,274 exclusions).

Verminous conditions of the head accounted for the majority of exclusions. This unpleasant, but very necessary part of the work of the Staff demands constant vigilance and supervision, and without co-operation on the part of the parents, means a tremendous expenditure of time—to say nothing of the loss to the children in education.

There could be still greater improvement if parents would only carry out the simple advice given with more expediency.

(c) **Minor ailments and diseases of the skin.** 925 cases were found to require treatment for these conditions at Routine, Special, and General Inspections of which 22 were scabies. There were 89 cases of skin disease other than scabies which were referred for treatment from Routine and Special Inspections.

(d) **Visual defects and external eye disease.** There were 296 cases of external eye disease found to require treatment, 28 at routine inspections, and 109 at special inspections. The number of cases of conjunctivitis was smaller than in the previous year. 189 cases of defective vision (including 34 cases of squint) from routine and special inspections were referred to the Ophthalmic Surgeon for further examination, and his report appears later.

(e) **Nose and Throat defects.** There were 86 cases of diseased or enlarged Tonsils and/or Adenoids of a sufficient degree to warrant operation, and notifications were sent to the parents recommending them to seek further advice. Careful observations of cases were made at intervals of 3 months and operation advised only where definite disease was manifest. It needs to be borne in mind that enlarged Tonsils frequently exist without causing symptoms and may subside without operative interference. On the other hand, many diseases such as Acute Rheumatism, Tonsillitis (with their sequelae heart and kidney disease) Diphtheria and Scarlet Fever, may follow from diseased tonsils, and considerable care and judgment is often needed to decide on a particular case.

(f) **Ear disease and defective hearing.** 11 Cases of defective hearing were noted at routine and special inspections. All cases of defective hearing are referred to the School Clinic for further investigation and treatment if necessary.

The number of cases of Otitis Media was 50 (43 cases referred for treatment and 7 for observation). This is a condition which may lead to permanent deafness and early treatment is essential.

(g) **Dental defects.** 7,005 children were examined at School Dental inspections, 4,095 (58.4% being referred for treatment. Of these, 2,176 were treated at the School Dental Clinic.

(h) **Orthopaedic and Postural defects.** The type and number of cases referred to the Orthopaedic Surgeon has not differed materially from last year. The early detection of this type of case, and early and preventive treatment is one of the successes of preventive medicine as witnessed by the fewer really bad cripples seen in the Schools.

(i) **Heart Disease and Rheumatism.** All children with a history of Rheumatism, Rheumatic Fever or Chorea are observed at 3 monthly intervals. The following table is taken from the Rheumatism Register.

Children suffering from Heart or Rheumatic Diseases.

			Males.	Females.	Total
Congenital heart disease	...	...	2	3	5
Acquired heart disease					
(1) With no antecedent rheumatism			8	10	18
(2) Following Chorea	...	...	2	1	3
(3) Following sub-acute or chronic rheumatism	...	...	5	4	9
(4) Following rheumatic fever	...	...	4	1	5
No signs of heart disease, but					
(1) History of Chorea	...	...	7	11	18
(2) History of rheumatic fever	...	...	3	4	7
(3) History of sub-acute or chronic rheumatism	...	...	12	15	27
(4) History of rheumatism and Chorea			1	—	1
			—	—	—
			44	49	93
			—	—	—

(j) **Tuberculosis.** One case of Non-Pulmonary Tuberculosis was found at inspection to require treatment, and two to require no treatment, but to continue under observation.

No cases of Pulmonary Tuberculosis were found in children of school age during the year.

The system of examining each term all children, who have at any time, been in contact with a case of Pulmonary Tuberculosis has been continued.

(k) **Crippling Defects.** During the year 1935, 13 new cases were added to the Register of physically defective children, the total now being **84**.

The following table gives an analysis of these figures :—

		Number added in 1935.	Total number on Register
Organic Heart Disease (Compensation not fully acquired)			
(a) Congenital	... ... ...	2	3
(b) Acquired	... ... ...	4	17
Tuberculosis of Bones and Joints	... ...	1	4
Tuberculosis of other parts	... ...	3	19
Deformities following Poliomyelitis	... ...	—	11
Defective Vision (High Myopia etc.)	... ...	1	12
Defective Hearing	... ...	1	5
Congenital Deformities	... ...	1	7
Miscellaneous	... ... ...	—	6
		—	—
		13	84
		—	—

Exclusions from School.

		No. of exclusions
Uncleanliness	... ... ...	... 645
Skin Diseases—Impetigo and Sores	... ...	147
Scabies	... ...	22
Ringworm : Scalp	... ...	5
Body	... ...	6
Herpes	... ...	21
Miscellaneous Dermatitis	... ...	18
Ear Diseases—Otorrhoea	... ...	16
Furunculosis	... ...	1

Exclusions from School.

			No. of exclusions.
Eye Diseases	Keratitis and Corneal Ulcers	...	3
	Conjunctivitis	...	37
	Blepharitis and Hordeola	...	16
	Suppurating Chalazion	...	3
	Myopia	...	2
Throat	Tonsillitis and Sore Throat	...	66
	Enlarged Glands	...	4
Other Diseases	Bronchitis	...	12
	Rheumatism and Chorea	...	11
	Tuberculosis	...	5
	Epilepsy	...	4
	Miscellaneous	...	118
Total			1162

Infectious Diseases. A table of the common infectious diseases and their distribution throughout the schools is presented below :

SCHOOLS AND INFECTIOUS DISEASES

SCHOOL	Whooping Cough.	Chicken Pox.	German Measles and Measles.	Scarlet Fever.	Diphtheria.	Mumps.
Winshill	6	96	3	9	5	0
Horniglow	11	17	0	8	4	0
Broadway	17	22	0	4	2	1
Mission Room, Stapenhill	11	0	3	1	1	0
Victoria Road	9	3	2	11	4	2
Grange Street	9	24	22	25	17	3
Holy Trinity	1	13	1	13	1	0
Christ Church	11	7	1	1	15	5
Shobnall Road	0	15	15	3	0	1
Hill Street and St. Peter's Street	3	0	1	4	4	0
Guild Street	0	6	1	7	5	0
Wetmore Road	1	3	0	2	0	0
Uxbridge Street	38	56	1	22	14	1
St. Modwen's	1	5	0	3	1	0
Goodman Street and Stafford St.	6	19	2	11	2	1
High School (Girls)	0	0	0	3	1	0
Grammar School	0	1	0	1	1	0
No School	46	33	12	52	33	2
Private School	0	1	0	0	0	0
Bond Street	1	25	0	2	0	0
Totals ..	171	346	64	182	110	16

As will be seen from the foregoing table, there was a comparatively high incidence of infectious disease, notably of Whooping Cough, Scarlet Fever and Diphtheria.

Periodic waves of incidence occur in these diseases, over which, Public Health measures have, as yet, but little influence.

Diphtheria, after four years of comparative quiescence, rose by 100%, and there were 5 deaths. There were two cases of Laryngeal form, one necessitating the operation of Tracheotomy. Scarlet Fever also increased considerably, compared with the previous four years, though the type of case was mild and accompanied by fewer serious complications and no deaths.

Visits were made to Schools where the incidence of Scarlet Fever and Diphtheria were seen to be high, and a number of suspected children excluded. One instance particularly stands out, where, as a result of a visit to a school, six persons were removed from one household to the Isolation Hospital, all carrying the germ of Diphtheria in their throat.

The symptomless carrier, and the mild missed case will continue to baffle us, however, for some time to come.

Co-operation on the part of the parents would do much to help. If, on the appearance of sores about the nostrils, or complaints of sore throat, medical advice were sought earlier much of the incidence of Diphtheria might be lessened.

VACCINATION TABLE, 1935.

Age Period.	Unvaccinated per cent.	Vaccinated per cent.	
		Under 4 Marks.	4 or more Marks.
Entrants ..	80·2	19·2	0·5
Intermediates	69·3	6·3	24·4
Leavers ..	68·3	6·1	25·5

The percentage of unvaccinated children continues to increase.

Note the low incidence among the Entrants, of children with four or more marks. This is a reflection of the recommendations of the Vaccination Order, 1929, instructing Public Vaccinators to make one insertion only, except in special circumstances.

7. Following up. This essential part of the service necessitated 70 home visits by the School Nurses during the year. Where repeated efforts have failed to produce the necessary action on the part of the parents a home visit usually produces the desired results. In addition valuable information concerning the child's environment is frequently obtained. The School Nurses made 21 visits for other purposes.

I desire once more to thank the Local Inspector of the National Society for the Prevention of Cruelty to Children. His active co-operation in securing for the children the necessary treatment which the parents had failed to obtain has been most valuable.

Below is a summary of the Inspector's work :—

Failure to provide spectacles	...	...	...	11
„ „ „ dental treatment	...	...	...	21
„ „ „ after care following orthopaedic treatment	...	...	...	1
„ „ „ operative treatment (Tonsils)	...	...	...	2
Malnutrition	...	...	...	2
				—
Total	...	...	37	—

All the cases included above were brought to a successful issue.

Further following up is done at the Medical Reinspections carried out each term at all the schools.

8. Arrangements for Treatment.

(a) **Malnutrition.** This is dealt with under Section 11.

(b) **Uncleanliness.** The responsibility for keeping a child clean rests upon the parents. Children found in an unclean condition are excluded from school and examined at the School Clinic; re-admission not being permitted until the child is clean.

(c) **Minor Ailments and Diseases of the Skin.** 848 cases attended the School Clinic for treatment whilst 77 obtained treatment from other sources. This resulted in 9,744 attendances at the School Clinic for the treatment of these minor conditions. 208 were cases of skin disease including 17 cases of Scabies treated at the School Clinic.

(d) i. **External Eye Disease.** 263 cases chiefly of conjunctivitis were treated at the School Clinic, whilst 33 were treated elsewhere.

ii. **Ophthalmic Report by the School Oculist, Edwin R. Jagger, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.O.M.S. (Lond.)**

Report on Refraction Clinic for 1935. In reviewing the work of the Refraction Clinic for the past twelve months one is struck by the improved attitude of the parents when they bring their children for examination. The reluctance not infrequently observed in the past seems to have been replaced by an eagerness for the safeguarding of their children's sight. This change of mind is gratifying and is due in no small measure to the care and tact shown by the School Medical Officers and their Nursing staff. During the past year there has been less cause to utilise the services of the N.S.P.C.C. to enforce any child to receive the ophthalmic treatment which has been prescribed.

It is my custom, born of necessity, to emphasise each year the simple fact that a child who is prescribed spectacles should use them constantly and for all purposes. I find it necessary to emphasise this point again. Parents and guardians still persist in an erroneous belief that glasses are to be used for school work only. I would beg of those who have the care of children at heart to assist the Refraction Clinic by instilling into the minds of parents and teachers that when glasses are ordered they are to be used not only for near sight but for distance sight as well.

TREATMENT OF DEFECTIVE VISION 1935.

Total number of children attending refraction clinics	...	368*
Total number of attendances	...	925
Number prescribed glasses	...	270†
Number referred to Infirmary	...	2
Number found not to require glasses	...	24
Present glasses suitable	...	6‡

* Includes 35 Secondary school children.

† Includes 33 Secondary school children.

‡ Includes 1 Secondary school child.

ANALYSES OF FINDINGS.

Hypermetropia	...	...	...	...	...	...	37
Hypermetropic Astigmatism	...	...	...	...	...	...	113
Myopia	...	...	...	...	...	...	37
Myopic Astigmatism	...	...	...	...	...	...	47
Mixed Astigmatism	...	...	...	...	...	...	20
Marked Anisometropia	...	...	...	...	...	...	16
Squint and Hypermetropia	...	...	...	...	...	...	12
Squint and Hypermetropia Astigmatism	...	...	...	...	...	...	7
Squint and Myopic Astigmatism	...	...	...	...	...	...	1

(e) **Nose and Throat Defects.** The Local Education Authority has no special scheme for the treatment of diseased tonsils and adenoids. The majority of cases obtain operative treatment at the Burton upon Trent General Infirmary, a few being treated by private practitioners.

Through the courtesy of the Infirmary Staff, I am informed that 75 operations upon school children for diseased tonsils and/or adenoids were performed during 1935.

(f) **Ear Disease and Defective Hearing.** Treatment of Ear disease is carried out at the School Clinic by the Assistant School Medical Officers personally. All cases are reviewed once a week. In addition to the usual ear toilet, followed by the insufflation of iodine and boric powder mixture, a number of cases were treated by Zinc Ionisation. This was carried out according to the method recommended by Friel.

During the year, 18 cases were so treated the number of treatments given being 41.

Results :— Cured 7 (39%). Not cured 11 (61%).

The proportion of cases cured is low compared with results which have been claimed for this treatment, but it should be pointed out that several of the cases were of long standing and were really cases of mastoid sepsis.

Accordingly, 8 of those not cured were referred to the Infirmary, of which 4 are known to have received operative treatment.

To summarise, Zinc Ionisation treatment is valuable in the acute, or not too chronic running ear. If it fails after repeated trials, it is an indication that deep seated mastoid trouble exists necessitating operative measures.

The following table summarises the work of the Ear Clinic :—

	Number of ear examinations	872
(1) Minor conditions—				
Wax Impaction	27
Defective hearing	2
Furunculosis	7
Foreign bodies	1
Polypi	6
				—
				43
				—
(2) Otorrhoea. Result of treatment.				
(a) Routine treatment.				
Ears Dry	17
Improved but still attending	4
Ceased attending	3
Transferred to own Doctor	5
Transferred to Infirmary	4
				—
				33
				—

(b) Special Treatment. (Zinc Ionisation).

Cured	...	...	...	...	...	7
Not Cured	...	...	...	...	...	11
						—
						18
						—

(g) **Dental Defects.** 2,176 children obtained treatment at the School Dental Clinic. 241 administrations of Nitrous Oxide gas anaesthesia being required for extractions.

(h) **Orthopaedic and Postural Defects.** With the opening of the new Maternity and Child Welfare Centre in Cross Street, and the transference thereto of the Orthopaedic Clinic from its cramped quarters in the School Clinic, the scope of this highly important branch of work has been greatly enhanced. The Department has been fitted with new modern apparatus and nothing has been spared to ensure that it fulfils all the requirements of a well-equipped Orthopaedic Clinic.

The following table shows the number of cases dealt with during the year.

	Number of new cases.	Total number of attendances.
Health	...	2
Maternity and Child Welfare	16	115
Education	52	2881

Results of Operative Treatment. The following summary gives brief details of the results of cases sent for operative treatment to Orthopaedic Hospitals during the past five years :—

REPORT ON THE PRESENT CONDITION OF CASES SENT BY THE EDUCATION COMMITTEE TO THE ORTHOPAEDIC HOSPITAL AT COLESHILL DURING THE LAST FIVE YEARS.

Initial and age of patient.	Date sent.	Condition for which sent.	Present Condition.
M. aged 8 yrs.	1930	Infantile Paralysis right leg	Improved
B. aged 8 yrs.	1930	Infantile Paralysis right leg	Very good—almost normal
W. aged 7 yrs.	1930 1932 1933	Infantile Paralysis right leg. Malunited fracture of forearm	Improved—almost normal
G. aged 10 yrs.	1930	Infantile Paralysis both legs	Walks badly but improved slightly since operation
B. aged 14 yrs.	1930	Infantile Paralysis right leg	Walks well—working
S. aged 12 yrs.	1930	Infantile Paralysis right leg	Improved but still walks badly—working
D. aged 14 yrs.	1931	Infantile Paralysis both legs	Walks well—working
F. aged 11 yrs.	1931 1932	Infantile Paralysis left leg and left arm	Condition relapsed— Father refused further treatment
M. aged 9 yrs.	1931	Congenital Spastic Diplegia	Relapsed—referred to Coleshill again
J. aged 9 yrs.	1931	Infantile Paralysis right leg	Walks well
S. aged 10 yrs.	1931	Kyphosis Scoliosis	Condition relapsed
S. aged 11 yrs.	1931	Club foot	Cured
B. aged 8 yrs.	1931	Wry neck	Cured
J. aged 11 yrs.	1932	Congenital double club foot	Walks well
B. aged 5 yrs.	1932	Spastic condition, calf muscles, both legs	Improving but slow
M. aged 14 yrs.	1933	Multiple Arthritis	Improving slowly
C. aged 14 yrs.	1933	Curvature of the Spine	Much improvement

Initial and age of patient.	Date sent.	Condition for which sent.	Present Condition.
S. aged 13 yrs.	1933	Wry neck	Much improved—working
B. aged 11 yrs.	1933	Injury to right arm involving ulnar nerve	Improvement slight
K. aged 13 yrs.	1934	Valgus deformity left foot	Doing well—good result
W. aged 8 yrs.	1934	Spastic Hemiplegia	Improving slowly
M. aged 5 yrs.	1935	Congenital dislocation left hip	Much improved
M. aged 13 yrs.	1935	Right spastic hemiplegia	Foot much improved— hand no improvement
W. aged 12 yrs.	1935	Cavus deformity	Much improved
B. aged 8 yrs.	1935	Torticollis	Still in Hospital

Hospital Treatment. Cases requiring hospital treatment are referred from the Orthopaedic Clinic to the Warwickshire Orthopaedic Hospital for Children at Coleshill. Three new cases were sent during 1935 and in all, six children were treated at Coleshill, two cases remained there on the 31st December, 1935. In addition one child was sent to Bretby Hall Orthopaedic Hospital and was still an in-patient at the end of the year.

(i) **Heart Disease and Rheumatism.** No actual treatment for these cases is carried out by the Local Authority, but parents are urged to seek medical treatment for such cases as require it. The importance attaching to recurrent mild attacks of pains in muscles and joints—"growing pains"—so called, cannot be stressed too strongly, for they are frequently manifestations of sub-acute rheumatic fever.

Failure to appreciate their significance may lead to permanent damage to the heart.

(j) **Tuberculosis.** Five children of school age were admitted to the Outwoods Sanatorium through the Tuberculosis Service in 1935. One of these proved to be not tuberculous and was discharged. The four other cases were retained for treatment. They were all cases of non-pulmonary tuberculosis.

15 cases of non-pulmonary tuberculosis in school children were given Artificial Sunlight treatment at the Sanatorium by the Tuberculosis Service.

9. Open Air Education. No provision is yet made for an open air school in the Borough. Playground classes have been continued, however, and school camps and journeys to places of interest held as in previous years.

10. Physical Training. Remedial exercise classes are held at the Orthopaedic Clinic and children found with defects of physique and posture are referred to it.

11. Provision of Meals. For those children found, at routine or other inspections, to be malnourished the scheme under which children are supplied with half a pint of milk morning and afternoon in school is continued.

In addition, some children are provided with breakfasts.

The estimated number of children supplied with meals and/or milk in school out of voluntary funds is 600, the number of meals provided being 95,496.

These children are seen at the 3 monthly reinspections. They are weighed and their condition assessed.

The scheme of the Milk Marketing Board for provision of milk at reduced prices was not adopted during 1935. It will be adopted in 1936 and is to come into effect on April 1st, 1936.

12 (a) Co-operation of Parents. The number of parents attending at the Routine Inspections is very satisfactory. This personal contact with the parents is extremely valuable for more can be conveyed by a few words at the time of the examination than by any other means; moreover, information is often forthcoming which would otherwise never have been revealed.

Better attendance at the leavers examinations could be desired.

PERCENTAGE OF PARENTS PRESENT AT ROUTINE
INSPECTIONS, 1935.

School	Infants	Intermediates		Leavers		Total
		Boys	Girls	Boys	Girls	
Bond Street ..	78.9	36.4	50.0	—	—	58.7
Broadway ..	82.1	30.0	30.8	5.3	6.4	32.2
Christ Church ..	73.0	39.3	57.7	24.2	28.9	48.4
Goodman St. ..	—	—	—	—	12.2	12.2
Stafford St. ..	70.8	16.7	50.0	—	—	60.7
Grange St. ..	76.7	44.2	61.0	—	—	62.5
Guild St. ..	—	—	—	13.2	35.4	24.5
Holy Trinity ..	67.6	36.4	18.2	—	—	51.8
Horninglow ..	71.9	3.8	7.1	—	—	32.8
Shobnall ..	56.5	58.3	40.0	0.0	42.9	52.1
Stapenhill ..	78.9	57.4	63.2	6.8	50.0	52.1
Stap'nhill Miss'n Room ..	72.2	—	35.5	—	47.6	53.6
St. Modwen's ..	18.8	13.3	46.2	0.0	0.0	19.3
Uxbridge St. ..	85.1	46.5	48.3	20.7	8.9	44.8
Victoria Rd. ..	80.5	61.5	78.6	0.0	—	32.8
Wetmore Rd. ..	77.4	0.0	16.7	—	—	53.1
Winshill ..	83.7	30.8	58.1	22.7	11.8	51.0
Total Percentage of Infants ..	...	...	75.2			
Total Percentage of Intermediates ..	...	...	39.9			
Total Percentage of Leavers ..	...	...	15.3			
Total Percentage ..	...	...	43.2			

12 (b) **Co-operation of Teachers.** We desire again to express thanks to the teachers for the way they have facilitated the smooth running of the Medical Inspections. By their reference of cases showing some departure from normal, they render extremely valuable service. One recalls cases of serious defect, which, but for the vigilance of the teachers would have gone undetected.

12 (c) **Co-operation of School Attendance Officers.** The reports of these Officers in the cases of non-notifiable diseases, and in matters concerning the health of absentees are exceeding valuable, and deserve the thanks of the School Medical Service.

12 (d) **Co-operation of Voluntary Bodies.** To the voluntary charitable bodies existing in Burton upon Trent we tender our sincere thanks for the splendid work they have done for the children of the Borough. The Voluntary Aid Association pay the cost of the milk given to those children recommended by the School Medical Officer, and by defraying railway fares and the cost of appliances, have made it possible for children to receive benefit from Orthopaedic Institutions.

Many children have been sent through the Children's Care Committee and the "Burton Observer" Uncle Jack's Fund to Convalescent Homes, and the benefit so derived has been in many cases extremely gratifying.

A detailed report of the work of the Children's Care Committee is appended.



CHILDREN'S CARE COMMITTEE.

Report for the year 1935.

The Children's Care Committee was re-appointed by the Education Committee in November, 1934, and constituted as follows :—

Mrs. Curzon, Miss Evershed, Mrs. Oakden, Mrs. Piddocke, Mrs. Rowland, Mrs. Sanders, Mrs. Slater, Mrs. Templeman, Mrs. Walley, and Mrs. Williams.

The Officers were re-elected for 1935, viz. :—

Chairman—Mrs. Oakden, Vice-chairman—Mrs. Sanders. Hon. Secretary and Treasurer—Miss Evershed.

91 cases were reported to the Committee during the year and were dealt with as follows :—

* 1.	Girl aged 11	Sent to Convalescent Home, Rhyl for 2 mths.		
2.	Girl , , 12	do.	do.	
3.	Girl , , 14	do.	do.	
* 4.	Girl , , 9	do.	do.	
5.	Boy , , 6	Sent to the Birmingham Children's Hospital for six weeks treatment		
6.	Girl , , 9	Sent to Convalescent Home, Rhyl.		
7.	Boy , , 14	do.	Bournemouth	
8.	Girl , , 10	do.	Rhyl	
9.	Girl , , 12 $\frac{1}{2}$	do.	do.	
*10.	Girl , , 9	do.	do.	
*11.	Boy , , . 6	do.	do.	
12.	Girl , , 12	do.	Bournemouth for 2 mths.	
13.	Girl , , 14	do.	Rhyl	
14.	Boy , , 6	do.	do.	
15.	Boy , , 7	do.	do.	
*16.	Boy , , 11	do.	do.	
17.	Girl , , 12	do.	do.	
18.	Girl , , 13	do.	do.	
19.	Girl , , 8	do.	do. for 2 mths.	

*20.	Boy	,	13	Sent to Convalescent Home, Bournemouth
*21.	Girl	,	10	do. Rhyl
*22.	Boy	,	12	do. do.
*23.	Girl	,	12	do. do.
*24.	Girl	,	7	do. do.
*25.	Girl	,	6	do. do.
*26.	Boy	,	10	do. do.
*27.	Boy	,	6	do. do.
28.	Boy			Surgical Boot supplied.
29.	Boy			Surgical Boot supplied.
*30.	Girl	,	12	Sent to Convalescent Home, Rhyl
31.	Boy	,	9	do. do.
32.	Girl	,	13	Sent to Birmingham Skin Specialist.
33.	Boy	,	9	Sent to Convalescent Home, Rhyl
34.	Boy	,	11	do. do.
35.	Girl	,	12	Sent to Birmingham Skin Specialist.
*36.	Girl	,	7	Sent to Convalescent Home, Rhyl
*37.	Girl	,	7	do. do.
38.	Girl	,	5	do. do.
*39.	Girl	,	10	do. do.
*40.	Girl	,	11	do. do.
41.	Boy	,	8	do. do.
42.	Boy	,	11	do. do.
*43.	Boy	,	5	do. do.
44.	Girl	,	7	do. do.
*45.	Boy	,	6	do. do.
*46.	Girl	,	11	do. do.
*47.	Boy	,	6	do. do.
48.	Girl	,	9	Recommended for Convalescent Home Treatment. Parents did not allow her to go.
49.	Girl	,	13	Sent to Convalescent Home, Rhyl
*50.	Girl	,	10	do. do.
51.	Boy	,	8	do. do.
*52.	Boy	,	11	do. Bournemouth
53.	Girl	,	4	do. Rhyl
*54.	Girl	,	12	do. do.
55.	Girl	,	13	do. do.

56.	Girl	,	13	Sent to Convalescent Home, Rhyl
57.	Boy	,	8	do. do.
*58.	Boy	,	5	do. Southport
*59.	Boy	,	9	do. do.
*60.	Girl	,	11	do. Rhyl
61.	Girl	,	8	Recommended for Convalescent Home Treatment, unable to go owing to Infectious illness.
62.	Girl	,	8	Recommended for Convalescent Home Treatment, unable to be admitted owing to nature of complaint.
63.	Boy	,	12	Sent to Convalescent Home, Rhyl
*64.	Girl	,	12	do. do.
*65.	Boy	,	9	do. do.
*66.	Boy	,	13	do. Bournemouth
67.	Boy	,	9	do. Rhyl
68.	Girl	,	11	Recommended for Convalescent Home Treatment. Parents did not allow her to go.
*69.	Boy	,	9	Sent to Convalescent Home, Southport.
70.	Girl	,	12	Recommended for Convalescent Home Treatment. Parents did not allow her to go.
71.	Girl	,	7	Sent to Convalescent Home Rhyl
72.	Girl	,	5	Provided with spectacles.
73.	Girl	,	6	Operation for deafness in Birmingham Hospital.
74.	Girl	,	12	Sent to Convalescent Home Rhyl
75.	Boy	,	12	do. do.
*76.	Girl	,	9	do. Bournemouth
77.	Boy	,	7	do. Rhyl
78.	Boy	,	9	do. do.
79.	Boy	,	12	do. do.
80.	Boy	,	10	do. do.
*81.	Girl	,	13	do. do.
82.	Boy	,	12	do. do.
*83.	Girl	,	11	do. do.
84.	Girl	,	6	do. for 3 mths.

85.	Boy	,,	10	Sent to Convalescent Home, Rhyl
86.	Girl	,,	10	do. do. for 2 mths.
*87.	Girl	,,	12	do. do.
88.	Boy			Surgical Boot provided.
89.	Boy	,,	12	Sent to Convalescent Home, Rhyl.
90.	Girl	,,	5	do. do.
91.	Girl	,,	12	do. do.

The cases marked * were sent by the Burton Observer Uncle Jack Fund to Convalescent Homes, the Children's Care Committee visiting them, after examination at the Clinic by the School Medical Officer.

The thanks of the Children's Care Committee are due to :—

The Mayoress' Needlework Guild for gifts of clothing for children being sent to Convalescent Homes.

The Voluntary Aid Association for investigating Cases where railway fares were required, and for advancing the fares.

The Feoffees for their generous help, with a grant of £25, and provision of 46 tickets for the Rhyl, and 3 tickets for the Bournemouth Convalescent Homes.

EDITH E. OAKDEN,

Chairman,

8th January, 1936.

Phyllis M. Evershed,

Hon. Secretary.

13. Blind, Deaf, Defective and Epileptic Children. There are five Blind children in the Borough. One of these is at no school or institution. The other four, together with one partially blind child are in the Birmingham Royal Institution for the Blind. In addition, there are six partially blind children attending public elementary schools. They are taught by means of a special curriculum.

There are two deaf, and one partially deaf children attending certified schools for the deaf, and two partially deaf children attending public elementary schools.

There were 18 children examined during 1935 with reference to their mental condition and 11 of these were found to be feeble-minded. No children were therefore notified to the Local Authority.

There are now 36 feeble-minded children in the Borough, of which 27 attend public elementary schools.

The remainder and those between 14 and 16 years of age are periodically visited by the School nurses.

There are 12 epileptic school children, 11 at elementary schools and one at no school or institution.

14. Nursery Schools. These are not provided in the Borough.

15. Secondary Schools.

i. **Medical Inspection.** The Girls' High School and the Grammar School controlled by the Governors of the Endowed Schools were inspected three times during the year, the following age groups being examined :—

1. Children on admission.
2. Children at the age of eight years.
3. Children at the age of twelve years.
4. Children at the age of fifteen years.
5. All other children over twelve years were also examined, special attention being paid to defects previously noted.

In addition to the above routine examinations all children with known defects were re-examined to discover if treatment had been adopted, or if the defect had become aggravated.

At the end of this report is a table showing a detailed return of defects found at routine inspections. The principal defects observed were defective vision and dental disease.

ii. **Medical Treatment.**

(a) Forms of treatment provided. The following forms of treatment are provided by the Local Authority, viz. :—

Dental treatment, Orthopaedic treatment, Eye testing, X-ray treatment for Ringworm of the head, Treatment of minor ailments.

(b) Types of pupil for whom treatment is available. Treatment is available for all types of pupils, but in most of the fee-paying pupils treatment is arranged privately.

(c) Arrangements for recovering the cost of treatment from parents.

All scholarship children attending the Secondary schools may receive treatment provided by the Local Authority on the same terms as children attending elementary schools, i.e., all the treatment is free except dental treatment, for which 1s. per annum per case is charged.

For children other than scholarship children the charges have been fixed as follows :—

For Dental treatment—5s. 0d. per annum.

For Orthopaedic treatment—5s. 0d. per annum.

For X-ray treatment of Ringworm of the Scalp—Full charge.

For Eye testing—No charge.

For treatment of minor ailments—No charge.

16. Employment of School Children. Eighty-six children were certified as fit and 6 were rejected as unfit for employment outside school hours in conformity with the Bye-laws. There were no contraventions of the Bye-laws during the year.

Employment.

				Boys	Girls	Totals
Newspaper delivery	...	...	...	89	1	90
Errands	...	...	...	40	1	41
Milk delivery	...	...	...	2	—	2
Domestic duties	...	...	...	—	1	1
				—	—	—
				131	3	134
				—	—	—

17. Teacher Bursars. During 1935 nine teacher bursars were examined in connection with their fitness to pursue the vocation of teaching.

18. Special Enquiry. A Nutritional Survey of School-children.

Under a joint committee of the Ministry of Health and the Milk Marketing Board, a Survey of the nutritional state of the school-children was instituted.

It was proposed to examine children in different areas of the country to assess their nutritional state—and having done this, to take a random sample of all the children examined, placing them in four groups quite irrespective of their state of nutrition, and to give each group a certain defined quantity of extra food per day.

Burton upon Trent was one of the areas selected for the investigation which began in April, 1935.

Dr. W. Alcock, Assistant School Medical Officer, has been responsible for the preparation of this Report, and his assistance in this respect is hereby acknowledged.

J. M. COWIE,
School Medical Officer.

ELEMENTARY SCHOOLS.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	758
Second Age Group	758
Third Age Group	783
Total	2299

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	1090
Number of Re-Inspections	7226
Total	8316

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Prescribed Groups :

Entrants	131
Second Age Group	169
Third Age Group	134
Total (Prescribed Groups)	434

ELEMENTARY SCHOOLS.

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Skin				
1 Ringworm—Scalp	0	0	4	0
2 Body	0	0	4	0
3 Scabies	3	0	19	0
4 Impetigo	9	0	11	0
5 Other Diseases (Non-tuberculous) ..	19	3	42	6
TOTAL (Heads 1 to 5)	31	3	80	6
Eye				
6 Blepharitis	15	0	29	0
7 Conjunctivitis	6	0	42	0
8 Keratitis	0	0	3	0
9 Corneal Opacities	0	1	0	0
10 Other Conditions (excluding defective vision & squint)	7	1	35	8
TOTAL (Heads 6 to 10)	28	2	109	8
Ear				
11 Defective Vision (ex.squint)	123	230	32	16
12 Squint	21	20	13	8
13 Defective Hearing	5	1	3	2
14 Otitis Media	16	7	27	0
15 Other Ear Diseases	13	4	18	7
Nose and Throat				
16 Chronic Tonsillitis only	68	249	28	21
17 Adenoids only	1	13	2	5
18 Chronic Tonsillitis and Adenoids	17	14	3	4
19 Other Conditions	4	3	20	11
20 Enlarged Cervical Glands (Non-Tub.)	3	70	4	6
21 Defective Speech	0	4	0	9
Heart and Circulation				
22 Organic	0	6	1	0
23 Functional	1	28	0	5
24 Anæmia	3	3	4	3
25 Bronchitis	12	38	13	7
Lungs				
26 Other Non-Tuberculous Diseases	0	10	0	3
Tuberculosis				
Pulmonary :				
27 Definite	0	0	0	0
28 Suspected	0	0	0	0
Non-Pulmonary :				
29 Glands	0	1	1	0
30 Bones and Joints	0	1	0	0
31 Skin	0	0	0	0
32 Other Forms	0	0	0	0
TOTAL (Heads 29 to 32)	0	2	1	0
Nervous System				
33 Epilepsy	0	2	1	2
34 Chorea	2	3	6	1
35 Other Conditions	0	10	4	26
Defor-mities				
36 Rickets	0	0	1	1
37 Spinal Curvature	1	1	1	1
38 Other Forms	32	21	7	5
39 Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	15	29	143	27
Total	396	773	521	184

**B. CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR 1935.
IN THE ROUTINE AGE GROUPS.**

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	758	112	14.76	548	70.97	97	12.79	1	0.13
Second Age-group ...	758	76	10.03	556	73.35	125	16.49	1	0.13
Third Age-group ...	783	205	26.18	543	69.35	34	4.34	1	0.127
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—
TOTAL ...	2299	393	17.09	1647	71.64	256	11.14	3	0.13

ELEMENTARY SCHOOLS.

TABLE III.

Return of all Exceptional Children in the Area for Year 1935.

		Total
<i>Blind Children—</i>	At Certified Schools for the Blind 4 At Public Elementary Schools .. — At other Institutions .. — At no School or Institution .. 1	5
A blind child is a child who is too blind to be able to read the ordinary school books used by children.		
<i>Partially Sighted Children—</i>	At Certified Schools for the Blind 1 At Certified Schools for the partially Sighted .. — At Public Elementary Schools .. 6 At other Institutions .. — At no School or Institution .. —	7
Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially Sighted		
<i>Deaf Children—</i>	At Certified Schools for the Deaf 2 At Public Elementary Schools .. — At other Institutions .. — At no School or Institution .. —	2
A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.		
<i>Partially Deaf Children—</i>	At Certified Schools for the Deaf or Partially Deaf .. 1 At Public Elementary Schools .. 2 At other Institutions .. — At no School or Institution .. —	3
Children who can appropriately be taught in a school for the partially deaf.		
<i>Mentally Defective Children—</i>	At Certified Schools for Mentally Defective Children .. — At Public Elementary Schools .. 27 At other Institutions .. — At no School or Institution .. 9	36
<i>Epileptic Children—</i>	At Certified Special Schools .. — At Public Elementary Schools .. 11 At other Institutions .. — At no School or Institution .. 1	12
Suffering from severe epilepsy		

ELEMENTARY SCHOOLS.

TABLE III.—*continued.*

			Total
<i>Physically Defective Children—</i>			
<i>A. Tuberculous Children.</i>			
<i>I.—Children suffering from Pulmonary Tuberculosis</i> (Including pleura and intra-thoracic glands).	At Certified Special Schools .. At Public Elementary Schools .. At other Institutions .. At no School or Institution ..	— — — —	{ 0
<i>II.—Children suffering from Non-Pulmonary Tuberculosis</i> Tuberculosis of all sites other than those shown in (I) above.	At Certified Special Schools .. At Public Elementary Schools .. At other Institutions .. At no School or Institution ..	— 20 3 —	{ 23

ELEMENTARY SCHOOLS.

TABLE III.—*continued.*

		Total
<i>B. Delicate Children—</i>	At Certified Special Schools .. — At Public Elementary Schools .. 59 At other Institutions .. — At no School or Institution .. —	59
<i>C. Crippled Children—</i>	At Certified Special Schools .. — At Public Elementary Schools .. 20 At other Institutions .. 2 At no School or Institution .. 1	24
<i>D. Children with Heart Disease—</i> Confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.	At Certified Special Schools .. — At Public Elementary Schools .. 19 At other Institutions .. — At no School or Institution .. 1	20
<i>Children suffering from Multiple Defects—</i> Feeble Minded and Epileptic	At Public Elementary Schools .. 1 At no School or Institution .. 1	2

ELEMENTARY SCHOOLS.

TABLE IV.

**Return of Defects Treated during the Year ended 31st December,
1935.**

TREATMENT TABLE.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin—			
Ringworm—Scalp			
X-Ray Treatment	—	—	—
Other	5	—	5
Ringworm—Body	5	—	5
Scabies	17	5	22
Impetigo	112	6	118
Other Skin Disease	69	7	76
Minor Eye Defects	263	33	296
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	35	6	41
Miscellaneous	342	20	362
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total	848	77	925

ELEMENTARY SCHOOLS.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.			No. of Children for whom Spectacles were			
	Under the Authority's Scheme. (2)	Otherwise. (4)	Total (5)	Prescribed (1)		Obtained (2)	
				(i) Under the Authority's Scheme. (1)	(ii) Otherwise. (2)	(i) Under the Authority's Scheme. (1)	(ii) Otherwise. (2)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	267	4	271	237	4	232	4
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	—	2	2	—	—	—	—
Total	267	6	273	237	4	232	4

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.							
Received Operative Treatment.						Total number treated	
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital apart from the Authority's Scheme. (2)	Total (3)			Received other forms of Treatment. (4)	Total number treated (5)	
		(i)	(ii)	(iii)	(iv)		
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
—	—	—	—	1	3	71	—
							75

(i) Tonsils only

(ii) Adenoids only.

(iv) Other defects of the nose and throat.

(iii) Tonsils and Adenoids.

ELEMENTARY SCHOOLS.

TABLE IV.—continued

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Number of Children Treated—

Under the Authority's Scheme: (1)

Residential treatment with education	7
Residential treatment without education	0
Non-residential treatment at an orthopædic clinic	89

Otherwise: (2)

Residential treatment with education	0
Residential treatment without education	0
Non-residential treatment at an orthopædic clinic	0

Total number treated	93
-------------------------------	----

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :

(a) Inspected by the Dentist :

Routine Age Groups.	Aged 5	525
	6	523
	7	726
	8	736
	9	690
	10	713
	11	616
	12	575
	13	782
	14	285
Total		6171
Specials .. .. .. .. ..	..	834
Grand Total		7005
(b) Found to require treatment .. .. .. .. ..	..	4095
(c) Actually treated .. .. .. .. ..	..	2176

ELEMENTARY SCHOOLS.

(2) Half-days devoted to :

Inspection	28½
Treatment	428
	—
Total	456½

(3) Attendances made by children for treatment 4021

(4) Fillings :

Permanent Teeth	1388
Temporary Teeth	262
	—
Total	1650

(5) Extractions :

Permanent Teeth	401
Temporary Teeth	3043
	—
Total	3444

(6) Administrations of general anaesthetics for extractions 241

(7) Other operations :—

Permanent Teeth	777
Temporary Teeth	67
	—
Total	844

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i) Average number of visits per school made during the year by the School Nurses 11
- (ii) Total number of examinations of children in the Schools by School Nurses 22,010
- (iii) Number of individual children found unclean 551
- (iv) Number of children cleansed under arrangements made by the Local Education Authority 0
- (v) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 0
 - (b) Under School Attendance Byelaws 3

**STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED
DURING THE YEAR ENDED 31st DECEMBER, 1935, BY THE
LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL
DEFICIENCY AUTHORITY.**

Total number of children notified—0.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	—	—
(b) Imbeciles	—	—
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases	—	—
NOTE.—No child should be notified under Article 3 until the Board have issued a formal certificate Form 308M to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf	—	—
NOTE.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
GRAND TOTAL	Nil	Nil

SECONDARY SCHOOLS.

RETURN OF MEDICAL INSPECTIONS FOR YEAR ENDED 31st DECEMBER, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Age	Under 9 years	..	..	..	22
	9 "	..	..	..	5
	10 "	..	..	..	20
	11 "	..	..	..	45
	12 "	..	..	..	101
	13 "	..	..	..	91
	14 "	..	..	..	102
	15 "	..	..	..	79
	16 "	..	..	..	33
	17 "	..	..	..	21
	18 "	..	..	..	12
	19 "	..	..	..	2
<hr/>					<hr/>
	Total	.	..	..	533
<hr/>					<hr/>

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	36
Number of Re-Inspections	..	..	239
Total	..	..	275

C.—INDIVIDUAL CHILDREN

Found to require treatment	..	..	70
(Excluding Uncleanliness and Dental Diseases)			

SECONDARY SCHOOLS.

MEDICAL INSPECTION RETURNS

Table II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

Defect or Disease.	Routine Inspections		Special Inspections	
	Number of Defects		Requiring Treatment	Requiring to be kept under observation but not requiring treatment
	Requiring Treatment	Number of Defects		
Skin Disease (non-Tuberculous)	—	1	—	—
Eye—				
Blepharitis	1	—	—	—
Defective Vision (excluding Squint)	52	30	—	—
Squint	1	—	1	—
Ear—				
Defective Hearing	1	—	—	—
Other ear diseases	4	—	—	—
Chronic Tonsillitis only ...	3	26	—	—
Enlarged Cervical Glands ...	—	2	—	—
Heart disease (Functional) ...	—	5	—	—
Anaemia	1	—	—	—
Deformities—				
Spinal Curvature	1	—	—	—
Other deformity	8	5	—	—
Other defects and diseases ...	2	6	—	—
Total	74	75	1	—

SECONDARY SCHOOLS.

**Return of Defects treated during the year ended
31st December, 1935.**

Defective Vision and Squint.

	Number of Defects dealt with		
	Under Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	34	9	43
Number of Children for whom spectacles were			
(a) Prescribed	33	9	42
(2) Obtained	33	9	42

DENTAL TREATMENT.

Number of Cases treated	...	...	13
Number of Attendances	...	...	34
(a) Fillings—Permanent	...	18	
(b) Extractions—Permanent	...	8	
Extractions—Temporary	...	8	
(c) General Anaesthetics	...	1	
(d) Other operations—Permanent	12		

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